

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEES DETERMINATION | AT | | 8-24-00 |
| O.I.P.E. CLASSIFIER | 15 | | 8-24-00 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | WGM | 10-4-00 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 □ Allowed I Interference
 — (Through numeral) Canceled A Appeal
 + Restricted 0 Objected

| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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